

Brief Illness Perception Questionnaire (Brief IPQ)

Description

The Brief Illness Perception Questionnaire (Brief IPQ) is a 9-item questionnaire designed to rapidly assess cognitive and emotional representations of illness (Broadbent et al 2006). The Brief IPQ uses a single-item scale approach to assess perception on a 0–10 response scale. It is developed by forming one question that best summarises the items contained in each subscale of the Illness Perception Questionnaire-Revised which has over 80 items. The Brief IPQ comprises 5 items on cognitive representation of illness perception: consequences, timeline, personal control, treatment control, and identity. There are 2 items on emotional representation: concern and emotions. One item is on illness comprehensibility. The last item is on perceived cause of illness, in which respondents list the three most important causal factors in their illness. For this questionnaire, the general word ‘illness’ can be replaced by the name of a particular illness such as asthma. The word ‘treatment’ in the treatment control item can be replaced by a particular treatment such as ‘surgery’ or ‘physiotherapy’

(Broadbent et al 2006).

Reliability and validity: Good test-retest reliability (Pearson correlations 0.24–0.73) had been demonstrated (Broadbent et al 2006). Equivalent scales of the brief IPQ and IPQ-R had moderate to good correlations when tested for concurrent validity (Pearson correlations 0.32–0.63) (Broadbent et al 2006). The Brief IPQ predicted a number of key outcomes following myocardial infarct. Slower return to work was significantly associated with higher concern ($r = 0.43$, $p = 0.03$) and higher treatment control beliefs ($r = 0.44$, $p = 0.03$). The subscales of consequences, identity, concern, and emotional response were significantly associated with cardiac anxiety ($r = 0.33$ – 0.47) (Broadbent et al 2006). The discriminant validity of the questionnaire was supported by its ability to distinguish between different illnesses, namely asthma, diabetes, colds, myocardial infarct prior to discharge, and prediagnosis chest pain patients waiting stress exercise testing.

Commentary

Individuals diagnosed with an illness, health threat, or who suffer an injury develop an organised pattern of beliefs about their condition (Petrie and Weinman 2006). The cognitive and emotional representations of the illness, or illness perceptions, determine the individual's coping behaviour (Leventhal et al 1984). Five dimensions within the cognitive representation of illness are identified: *identity* – the label the individual uses to describe the illness and the symptoms they view as part of the disease; *consequences* – the expected effects and outcome of the illness; *cause* – personal ideas about the cause of the illness; *timeline* – how long the individual believes the illness will last; and *cure or control* – the extent to which the individual believes that they can recover from or control the illness. The emotional representation incorporates negative reactions such as fear, anger, and distress (Broadbent et al 2006).

Negative illness perceptions are associated with poorer recovery and increased healthcare use independent of objective measures of illness severity (Petrie and Weinman 2006). On the other hand, positive illness perceptions are associated with an earlier return to work (Giri et al 2009). Interventions to change illness perceptions can reduce disability and improve functioning (Petrie and Weinman 2006). Assessment of clients' illness perceptions, as part of psychosocial assessment, is important in all fields of physiotherapy. Awareness of our clients' illness perceptions can improve treatment outcomes as well as communication with our clients.

The Brief IPQ is a useful tool for assessing illness perceptions. It has the advantages of being brief and easy to understand. It only takes a few minutes to complete. It has been used in a wide range of adult patient groups (eg, palliative care, brain injury, diabetes, arthritis, bipolar disorder) as well as in children (Chong et al 2010) and

adolescents (McLafferty et al 2011, Yi et al 2011). It is particularly useful in patient groups where there is limited time available for assessment, such as the very ill or elderly or when repeated measures are taken on a frequent basis (Broadbent et al 2006). Cross-cultural adaptation of this questionnaire has been completed in Dutch and Spanish (Raaij et al 2012, Pacheco-Heurgo et al 2012).

Although the original English version of Brief IPQ has been shown to have good reliability and validity, the content validity (such as misinterpretation of some items) of the Dutch version of the questionnaire has been questioned when participants reported difficulties (van Oort et al 2011). The validity of adaptations of the questionnaire in other languages must be tested before using the adapted questionnaire.

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References

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